



General Compliance and Fraud, Waste and Abuse Training for Medical Providers

Updated 09/06/2023

Why we're in business

OUR PURPOSE

Transforming the health of the community, one person at a time

What we do

OUR MISSION

Better health outcomes at lower costs

What we represent

OUR PILLARS



Focus on the Individual



Whole Health



Active Local Involvement

What drives our activity

OUR BELIEFS

We believe healthier individuals create more vibrant families and communities.

We believe treating people with kindness, respect and dignity empowers healthy decisions.

We believe we have a responsibility to remove barriers and make it simple to get well, stay well, and be well

We believe in treating the whole person, not just the physical body.

We believe local partnerships enable meaningful, accessible healthcare.

Purpose of this Training

This presentation has been created to ensure new and existing providers are trained in a consistent, effective, and efficient manner.

Compliance Training: Introduction

As a Carolina Complete Health medical provider, you are provided annual awareness training about the following topics:

- Privacy and Confidentiality
- General Compliance and Business Ethics
- Fraud, Waste, and Abuse
- Provider Self-Audits
- Administrative Firewalls
- Conflict of Interest
- Gifts, the Workplace, and You

Privacy and Confidentiality: Overview

Health Privacy is the practice of maintaining the confidentiality and security of patient and member **Protected Health Information (PHI)**.

PHI includes:

- Social Security Numbers;
- Dates of birth;
- Addresses;
- Medical records; and
- Medicaid ID numbers and diagnosis codes.

The Organization has implemented **reasonable and appropriate** administrative, technical, and physical **safeguards** for protecting PHI.

Privacy and Confidentiality: Your Role

Privacy is a part of **your responsibility as a medical provider.**

- Your role is to be aware of the applicable policies and requirements, and to ensure the organization is maintaining member privacy and complying with all other privacy requirements including, making data breach notifications as required.

There are a variety of penalties for non-compliance.

- Privacy laws are enforced by HHS, the Office of Civil Rights (OCR), State Attorney Generals, and other regulatory agencies.
- Infractions can lead to large financial penalties, reputational harm, and administrative costs for conducting investigations and mitigating any potential risks.

General Compliance and Business Ethics: Overview

Organizational Compliance Program

- Prevents, detects, and corrects non-compliance;
- Promotes the organization's written policies and Code of Conduct;
- Monitors compliance risk and tracks internal and external audits;
- Establishes clear lines of communication for reporting non-compliance; and
- Is tailored to the organization's unique operations and business strategy.

The Compliance Program is modeled to meet the Seven Elements of an Effective Compliance Program as established by the Office of the Inspector General (OIG).

The Seven Elements of an Effective Compliance Program

This program includes:

1. Implementing written **policies, procedures, and standards of conduct.**
2. Designating a **compliance officer** and compliance committee.
3. Conducting effective **training and education.**
4. Developing effective **lines of communication.**
5. Conducting internal **monitoring and auditing.**
6. Enforcing standards through well-publicized **disciplinary guidelines.**
7. Responding promptly to detected offenses and undertaking **corrective action.**

General Compliance and Business Ethics: Ethics and Integrity

Medical Providers are to operate in an ethical and legal manner and conduct business transactions with integrity.

Ethics is the judgment about right and wrong which includes a person's moral obligations to society that determine his or her actions.

- Are principle based, not rule based;
- Involves problem solving and decision making; and
- Is concerned with the value inherent in ethical decisions.

Integrity is the quality of being honest and having strong moral principles.

- Even where the law is permissive, the organization shall choose the course of the highest level of integrity.
- The organization communicates candidly and truthfully in all business relationships and transactions.
- Each member of the board, director, officer and employee must be honest and forthcoming about any questionable situation.

Fraud, Waste, and Abuse Overview

Fraud, Waste and Abuse (FWA) can pose enormous risk for an organization, members and patients, and can result in millions of dollars lost each year.

Fraud

- Fraud is knowingly and willfully attempting to defraud any health care benefit program or any of the money or property owned by any health care benefit program.

Waste

- Waste includes practices that result in unnecessary costs to the health care benefit program, such as overusing services.
- Waste is generally not considered to be caused by criminally culpable actions but rather by the misuse of resources.

Abuse

- Abuse includes actions that may result in unnecessary costs to the healthcare benefit program.
- Abuse involves paying for items or services when there is no legal entitlement to that payment, and the provider has not knowingly or intentionally misrepresented facts to obtain payment.

Fraud, Waste, and Abuse Training: Reporting FWA

A Compliance Program allows all employees to properly identify and reduce FWA.

Reporting FWA

- If warranted, organizations **must report potentially fraudulent conduct** to Government authorities, such as the OIG, the Department of Justice (DOJ), or CMS.
- Individuals or entities who wish to voluntarily disclose self-discovered potential fraud to the OIG may do so. **The “whistleblower” will be protected from retaliation and can receive a reward.**
- Organizations that are **proactive in self-disclosing issues** under the OIG’s Self-Disclosure Protocol may realize benefits as a result of their proactive engagement.

Reporting Fraud, Waste, and Abuse

If FWA is suspected call/email one or more of the Compliance Resources below:

1. **Carolina Complete Health's compliance team:**
cch_compliance@carolinacompletehealth.com
2. **Carolina Complete Health's Chief Compliance Officer:**
paula.shearon@carolinacompletehealth.com
3. **Ethics & Compliance Helpline:** 800.345.1642 or www.centene.ethicspoint.com
4. **CMS Hotline:** 1-800-633-4227 or TTY 1-877-486-2048

Provider Self-Audits

Carolina Complete Health recommends that providers conduct periodic, voluntary self-audits to identify instances where claims may have been incorrectly paid based on your Participating Provider Agreement or applicable State and federal requirements. In addition to your duty to monitor and report any findings of fraud, waste and abuse, providers must report and promptly return overpayments made to the provider by Carolina Complete Health within sixty (60) days of identifying the overpayment. (42 C.F.R. § 438.608(d)(2)).

If you identify any overpayments, you may notify Carolina Complete Health in the following ways:

- Notifying Carolina Complete Health Network's Network Support Specialist Team:
NetworkRelations@cch-network.com
- Contacting the Ethics and Compliance Helpline at 800.345.1642 or www.centene.ethicspoint.com

Administrative Firewalls Overview

Administrative Firewalls are **safeguards used to protect** Confidential Information relating to the Organization's external customers.

- Confidential Information includes information related to a customer or customer's business that is not in the public domain and is subject to a confidentiality obligation.
- Confidential Information can only be used for the specific purpose for which it is intended and may be circulated only on a "need-to-know" basis.
- Administrative Firewalls serve to protect Confidential Information from being disclosed to individuals who do not have a "need-to-know" basis.

Administrative Firewalls: Overview (continued)

- "Need-to-know" indicates that Confidential Information is required for the proper execution of an individual's job function and responsibilities.
- A client's Confidential Information is not considered "need-to-know" if it would be used for a purpose that is not necessary to execute the organizations obligations to the client.

Note:

The organization has developed and implemented **controls designed to protect Confidential Information.**

Conflict of Interest: Overview

A conflict may exist where the Organization contracts with any other entity of which a Medical Provider is a director, partner, officer, employee, consultant, or other affiliate.

If an **actual, potential, or perceived conflict** arises at any time throughout the year, individuals must immediately disclose the situation to the compliance officer, or the Ethics & Compliance Department.

Conflict of Interest: Types of Conflicts

Actual Conflicts

- A situation or position that currently exists in which familial, financial, or personal interests conflict with the organization's interests.

Potential Conflicts

- A situation or position capable of occurring which would result in familial, financial, or personal interests conflicting with organizations interests.

Perceived Conflicts

- A situation or position which causes others within or outside of the organization to believe an individual's familial, financial, or personal interests conflict with the organization's interests.

Gifts, the Workplace, and You: Overview

Our Commitment

- We are **committed to doing the right thing** when dealing with business courtesies. This includes both gifts that we may give or receive.

Business Courtesies

- CCH trusts employees and network medical providers to use their best judgement in matters concerning gifts and bribes.
- We should always act in a manner that is consistent with the CCH Business Ethics and Code of Conduct policy, applicable laws, the Business Courtesies policy, and the Organization's best interest.

Gifts, the Workplace, and You: Overview (continued)

Business Courtesies (continued)

- When acting on behalf of the Organization, no Medical Provider may offer or give anything of value for the purpose of improperly influencing a government or private contract award, consent, legislation, or other action which would give the appearance of attempting to improperly influence such actions.

Foreign Corrupt Practices Act (FCPA)

- Whenever the recipient of gifts or entertainment is designated as a foreign government official or employee, there is a risk that such actions may be viewed as an inappropriate attempt to influence his or her decisions and may violate the FCPA.
- It is unlawful for our employees, business partners and anyone else acting on our behalf to directly or indirectly offer anything of value to a foreign government official or his or her representative to: Obtain or retain business; Influence business decisions; or Secure an unfair advantage.

Recommendations for Provider Internal Policies

- Business Ethics and Code of Conduct
- Confidentiality of PHI
- Conflict of Interest
- Administrative Firewalls Policy
- Business Courtesies.
- Floral Arrangements, Gifts for Employees and Others
- Discipline

Questions?
